

APPLICATION DATA SHEET

Application Information

Application Number::
Filing Date::
Application Type:: Regular
Subject Matter:: Utility
Suggested Classification::
Suggested Group Art Unit::
CD-ROM or CD-R?: None
Number of CD Disks::
Number of Copies of CDs::
Sequence Submission?:
Computer Readable Form (CRF)? No
Number of Copies of CRF::
Title:: A NON-DESTRUCTIVE METHOD OF
DETECTING DEFECTS IN BRAZE-REPAIRED
CRACKS
Attorney Docket Number:: 033275-413
Request for Early Publication?: No
Request for Non-Publication?: No
Suggested Drawing Figure:: 3
Total Drawing Sheets:: 3
Small Entity?: No
Latin Name::
Variety Denomination Name::
Petition Included?: No
Petition Type::
Licensed US Govt. Agency::
Contract or Grant Numbers::
Secrecy Order in Parent Appl.?: No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Italy
Status::	Full Capacity
Given Name::	Giampiero
Middle Name::	
Family Name::	ANTONELLI
Name Suffix::	
City of Residence::	Monza
State or Province of Residence::	
Country of Residence::	Italy
Street of Mailing Address::	Via Milazzo 3D
City of Mailing Address::	Monza
State or Province of Mailing Address::	
Country of Mailing Address::	Italy
Postal or Zip Code of Mailing Address::	
Address::	I-20052
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Switzerland
Status::	Full Capacity
Given Name::	Andreas
Middle Name::	
Family Name::	BOEGLI
Name Suffix::	
City of Residence::	Vogelsang-Turgi
State or Province of Residence::	
Country of Residence::	Switzerland
Street of Mailing Address::	Reiherweg 17
City of Mailing Address::	Vogelsang-Turgi

State or Province of Mailing Address::

Country of Mailing Address:: Switzerland

Postal or Zip Code of Mailing CH-5300

Address::

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Germany

Status:: Full Capacity

Given Name:: Klaus

Middle Name::

Family Name:: GERMERDONK

Name Suffix::

City of Residence:: Ennetbaden

State or Province of Residence::

Country of Residence:: Switzerland

Street of Mailing Address:: Höhtalstrasse 26 B

City of Mailing Address:: Ennetbaden

State or Province of Mailing Address::

Country of Mailing Address:: Switzerland

Postal or Zip Code of Mailing CH-5408

Address::

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Austria

Status:: Full Capacity

Given Name:: Alexander

Middle Name::

Family Name:: SCHNELL

Name Suffix::

City of Residence:: Ennetbaden

State or Province of Residence::

Country of Residence:: Switzerland
Street of Mailing Address:: Sonnenbergstrasse 14
City of Mailing Address:: Ennetbaden
State or Province of Mailing Address::
Country of Mailing Address:: Switzerland
Postal or Zip Code of Mailing Address:: CH-5408
Address::

Correspondence Information

Correspondence Customer Number:: 21839
Phone Number:: (703) 836-6620
Fax Number: (703) 836-2021

Representative Information

Representative Customer Number:: 21839

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
Europe	02405932.1	10-31-02	Yes

Assignee Information

Assignee Name:: ALSTOM (Switzerland) LTD.
Street of Mailing Address:: Brown Boveri Strasse 7
City of Mailing Address:: Baden
State or Province of Mailing Address::
Country of Mailing Address:: Switzerland
Postal or Zip Code of Mailing
Address:: CH-5401